

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED FEB 24 1950

State File No. **6470**  
**1467**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>KANSAS</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		c. LENGTH OF STAY (in this place) township) <b>1 wk.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Osawatomie</b>		8150	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Pacific Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>915 Sixth Street</b>			
3. NAME OF DECEASED (Type or Print) <b>LAWRENCE</b>		a. (First) <b>LEE</b>		b. (Middle) <b>LYNN</b>		c. (Last) _____	
4. DATE OF DEATH <b>Feb 13 1950</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>MARCH 30, 1916</b>		9. AGE (In years last birthday) <b>33</b>		10. MONTHS <b>10</b>		11. DAYS <b>13</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Blacksmith</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mo. Pac. R. R.</b>		11. BIRTHPLACE (State or foreign country) <b>Raymond, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Charles A. Lynn</b>		13b. MOTHER'S MAIDEN NAME <b>Hattie Bricendine</b>		14. NAME OF HUSBAND OR WIFE <b>Clara Cooper Lynn</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>702-14-9367</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lawrence L. Lynn, Osawatomie, Kan</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Aemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Congenital Polycystic Kidneys</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Brachypneumonia, terminal.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>30 days</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) : _____ (COUNTY) <b>7573</b> (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <b>2/6</b> , 19 <b>50</b> , to <b>2/13</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>2/13</b> , 19 <b>50</b> , and that death occurred at <b>7:30 P.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Paul E. Abels M.D.</b>		(Degree or title)		23b. ADDRESS <b>Mo. Pac. Hosp.</b>		23c. DATE SIGNED <b>2/14/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-14-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Osawatomie Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Osawatomie, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>FEB 14 1950</b>		REGISTERAR'S SIGNATURE <b>J. B. Sauter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Ambruster Mortuary, 6633 Clayton Rd.</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*ml*

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ernest W. Spillars*

Licensed Embalmer No. *4080*

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.